PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number				
								D		1	7	107	シア
											Ľ	200H	1516
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	SMALL ENTITY TYPE		OR	OTHER	
TC	TAL CLAIMS		(2			RATE FE		FEE	1	RATE	FEE		
FC	R	· =	NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 355.0		OR	BASIC FEE	710.00	
ΤC	TAL CHARGEA	BLE CLAIMS		1.3.3		X\$ 9=			OR	X\$18=	594		
INC	EPENDENT CI	LAIMS	7 mi	4			X40=			OR	X80=	320	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					 5=	-	OR	+270=		
• 11	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTA	NL.		OR	TOTAL	162
() () () () () () () () () ()												OTHER	
10	12/0/0	(Column 1)	(Column 2			(Column 3)		SMA	LL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIĞI NUM PREVII PAID	IBER OUSLY	PRESE		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total	46	Minus	5	3			X\$ 9	ш		OR	X\$18=	
	Independent	. 7	Minus	•••	7_	= -		X40=			OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR							.105				+270=	
								+135	TAL		OR	TOTAL	
								ADDIT. F			OR	ADDIT. FEE	
		(Column 1)		(Colu		(Colum	n 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVIO PAID	BER	PRESE		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total	•	Minus	**	_			X\$ 9	=		OR	X\$18=	
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Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA								\dashv	,	0		
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(Column 1) (Column 2) (Column 3)									AL EE		OR	TOTAL ADDIT. FEE	
													•
AMENDMENT C		CLAIMS REMAINING		HIGHEST NUMBER		PRESENT				ADDI-			ADDI-
		AFTER AMENDMENT	,	PREVK PAID	DUSLY	EXTRA		RATE	፤	TIONAL FEE		RATE	TIONA FEE
	Total	•	Minus	••		=		X\$ 9:	_	,	OR	X\$18=	
	Independent	•	Minus	•••	•0	=		X40=			OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u> </u>			OH		 -
+135=											OR	+270=	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											TOTAL		
***	If the "Highest Nu	mber Previously Pa hber Previously Pai	aid For IN THI	S SPACE	is less tha	ın 3, enter	· *3.*			ropriate box	'	ADDIT. FEE lumn 1.	

FORM PTO-875 ... (Rev. 8/00)

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